

PAUL WELLSTONE MENTAL
HEALTH AND ADDICTION EQUITY
ACT OF 2007

SPEECH OF

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. LEVIN. Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Eleven years ago, the Congress came together to approve legislation that put the country on the road to mental health parity. But along that road, too many potholes remain unfilled. A letter I received last week from a Michigan psychologist reads, "Every day I see families with 'good health coverage' discover that their loved ones cannot get the mental health care they need because their employer-sponsored health insurance sets arbitrary, one-size-fits-all limits on mental health treatment that it does not impose on other medical or surgical benefits."

When the National Institute for Mental Health reports that 1 in 4 adults have a diagnosable mental disorder in any given year, and 1 in every 17 Americans suffers from a more serious mental condition, we know that it is time to take action. Whether it's a friend with signs of clinical depression, a son or daughter with a drug addiction or a parent with schizophrenia, too many people are not receiving the treatment that they need. In fact, a study conducted by the NIMH found that only 18 percent of Americans requiring mental health services received minimally adequate care.

We are all too familiar with the burden that inadequate access to mental health care can cause. People experiencing severe mental illnesses routinely exceed the number of allowable visits to a health care provider, leading to financial hardship or insufficient levels of care. Under the current system, a person seeking mental health services may have to wait months to get an appointment with a practitioner in his or her insurance plan's network, or have to pay a fortune out-of-pocket for mental health care.

The legislation before us ensures that Americans will have access to the mental health care they need by removing these barriers. Specifically, the bill requires health insurance companies that offer mental health benefits to offer them in a way that beneficiaries pay no more out of pocket than they would pay for physical and surgical health benefits. The bill also requires insurance companies that cover mental health benefits to cover the entire spectrum of them so that treatment for conditions like substance abuse and eating disorders will be covered.

All of us should join in supporting this important legislation to continue moving America along the road to parity, and the eventual elimination of discrimination, financial hardship and insufficient levels of care in our health care system.

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SPEECH OF

HON. GARY G. MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. GARY G. MILLER of California. Mr. Speaker, I rise in reluctant opposition to H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. To be clear, I support mental health parity and I commend my colleagues for coming together to ensure Americans can receive the care that is necessary; however, I have serious concerns about extraneous provisions that were added to the bill at the last minute.

This legislation, while seeking to increase access to mental health treatment, simultaneously raises the cost of doing business for companies who choose to provide low cost medication to the Medicaid program. In addition, the bill stifles the growth of certain specialty hospitals in an effort to bring more business to public hospitals. In a time when we should be encouraging the expansion of all types of medical care, we should not be punishing one part of the industry in order to pay for the expansion of another.

Providing access to quality mental health care is an important goal. Yet, I believe this goal can be achieved without harming unrelated aspects of the medical field, which is why I oppose H.R. 1424 and I support S. 558. If the House had brought up S. 558, which does include any of these problematic provisions, we could well be on our way to expanding mental health parity. I encourage the House to move forward with the Senate version so we can send this bill to the President as soon as possible.

HONORING CENTRALIA ORPHANS
BASKETBALL TEAM

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 6, 2008

Mr. SHIMKUS. Madam Speaker, today I rise to honor the Centralia Orphans basketball team, which on Friday, February 15, 2008, became the first high school boys' basketball program in the State of Illinois—and just the second in the nation—to record its 2,000th victory.

The visiting Orphans defeated the arch-rival Mt. Vernon High School Rams 45–43 to reach the milestone.

Current members of the Orphans include Evan Burmester, Adrian Dabney, Ben Kracht, Stile Smith, Carlton Westbrook, Keith Johnson, Justin Keef, Devan Wells, Brandon Buchanan, Myron Cunningham, R.J. Kwiatkowski, and Mark McConaughy. Their head coach is Lee Bennett, who is assisted by Brad Goewey, Ryan Blaha, and Doug Jack.

Since its beginning in 1906, the Centralia boys' basketball team has featured such standout players as future Olympic track star Dwight "Dike" Eddleman, future Harlem Globetrotter Bobby Joe Mason, and future Los Angeles Laker Dickie Garrett. The Orphans

have won three Illinois State championships, all under legendary High School Hall of Fame Coach Arthur L. Trout.

I send congratulations to the players, coaches, students, alumni, and fans of Centralia High School on a remarkable achievement.

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SPEECH OF

HON. PATRICK J. MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. PATRICK J. MURPHY of Pennsylvania. Mr. Speaker, I rise today on behalf of a teenager from Bensalem, Pennsylvania for whom mental health care came too late. I rise in favor of a health care system that works for those in need.

This legislation not only promotes fairness for those with mental illness, it also will not pre-empt stronger State laws. Laws, such as Pennsylvania's Act 106, which has saved countless lives.

I stand with a Republican State representative from my district—Gene DiGirolamo—as we fight to preserve these critical laws in conference. Mr. DiGirolamo of Bensalem is a leading advocate for mental health parity and has worked tirelessly for health care laws that are fair and just.

Mr. Speaker, this bill is bipartisan and long overdue. I urge my colleagues to join me in voting for it.

The Paul Wellstone Mental Health and Addiction Equity Act is designed to end discrimination against those seeking treatment for mental illness.

This discrimination is real, and it affects the lives of millions of people every day.

We have all heard the stories of the negative stigma surrounding post traumatic stress disorder and traumatic brain injury from veterans returning from battle, and each of us has a family member or friend who has struggled at one time or another with mental illness.

Reauthorizing this important measure has waited for more than a decade—that is too long.

I am proud to be supporting it today and proud to have fought to include provisions that will keep this bill from pre-empting stronger State laws.

Act 106 is an example of a life-saving, crime-reducing law in Pennsylvania that will be preserved because of this important bill.

Act 106 not only helps addicts regain control of their lives, but also makes our State a safer and more pleasant place to live.

This protection is just one of many important items included in this bill, and Act 106 is just one of many State laws that we should preserve.

Mr. Speaker, this bill is critically important and while I am proud to support it, I must register some reservations about how we go about paying for it.

As a fiscally conservative Blue Dog Democrat, upholding the PAYGO rules are important, but the offsets chosen for this legislation are ones that have been used for another piece of legislation.